Image# 27930473106 04/09/2007 10 : 25

FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	OF	(See instructions			Office use only
NAME OF COMMITTEE (in the second	full) (C	heck if name changed)	Example: If typying, typover the lines	e 12FE4M5	
Prosperity PA(С				
ADDRESS (number and s	street)	endleton Stree	t		
X (Check if address is changed)	ess Alexan	dria			
			CITY	STATE	ZIP CODE 🛦
committee's e-mai					1
padi@pascom					
سسسط					
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
	111111	<u> </u>		11111	
COMMITTEE'S FAX N 706-995-2124 2. DATE M M M 0 4		Y Y Y 2007			
3. FEC IDENTIFICA	TION NUMBER	C	C00377689		
4. IS THIS STATEM	IENT X NEW (I	N) OR	AMENDED (A	A)	
I certify that I have examine Type or Print Name of	D.	the best of my know	ledge and belief it is true, cor	rect and complete	
Signature of Treasurer	Electronically Filed b	y Paul Kilgor	e	_ Date 0 4	M / D D D / Y Y D D Y
NOTE: Submission of fal			subject the person signing thi		
Office Use Only			For further information Federal Election Co Toll Free 800-424-5 Local 202-694-1100	ommission 9530	FEC FORM 1 (Revised 02/2003)

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5.	TYPE OF COMMITTEE (Check One)					
	(a) This committee is a principal campaign committee. (Complete the campaign committee)	andidate information below.)				
	(b) This committee is an authorized committee, and is NOT a principal information below.)	campaign committee. (Complete the candidate				
	Name of Candidate					
	Candidate Office Party Affiliation Sought: House	Senate President State District				
	(c) This committee supports/opposes only one candidate, and is NOT a	n authorized committee.				
	Name of Candidate					
	(d) This committee is a (National, State (or subordinate) commi	(Democratic, Republican,etc.) Party.				
	(e) This committee is a separate segregated fund					
	(f) This committee supports/opposes more than one Federal candidate, committee.	and is NOT a separate segregated fund or party				
6.	Name of Any Connected Organization or Affiliated Committee					
L						
	Mailing Address					
	CITY▲	STATE ▲ ZIP CODE ▲				
	Relationship					
	Type of Connected Organization:					
	Corporation Corporation w/o Capital Stoc	Labor Organization				
	Membership Organization Trade Association	Cooperative				

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Vrite or Type Co	ommittee Name			
Prosperity	PAC			
	f Records: Identify by of Committee books an		ber optional), and position of t	he person in
Full Name				
Mailing Addre	ess			
Title or Position		CITY A		
Title of T ositio	511 \	OH I A	STATE	ZIF CODE A
			Telephone number	
Full Name of Treasurer	Paul Kilgore			
Mailing Addre	ess	1006 Pendleton Stree	t	
		Alexandria	VA	22314
Title or Position		Alexandria CITY A	VA	22314
Title or Position	on ∀ Treasurer			
Full Name of Designated Agent	•		STATE ▲	ZIP CODE ▲
Full Name of Designated	Treasurer		STATE A Telephone number 706	ZIP CODE ▲
Full Name of Designated Agent	Treasurer	CITY A	STATE A Telephone number 706	ZIP CODE ▲
Full Name of Designated Agent	Treasurer	CITY A 1006 Pendleton Stree	STATE A Telephone number 706	ZIP CODE A 546 0282
Full Name of Designated Agent Mailing Addre	Treasurer	1006 Pendleton Stree	Telephone number 706	ZIP CODE A 546 0282

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9.	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc.						
	Mailing Address	Team Capital Bank 2151 Emrick Blvd.					
		Bethlehem PA 1802	0				
		CITY A STATE A ZIP	CODE △				